

State of New Mexico
 Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD

AsOfDate 12/14/2012

Voucher Vchr VchrLineDescr

Number Line Line# Account Description Fund VendorName 1099 Accounting Period PurchaseOrder Invoice Number Total Amount

00318930 1 I/S Meals & Lodging 1 542200 Employee I/S Meals & L 06101 NASH GAYLE-001 2013 12 0000096314 Nash 11.26-11.30 570.00

Total For Voucher 570.00

000220669 12/18/12

NS

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500
 Voucher ID: 00318930
 Voucher Style: Regular
 Invoice Number: Nash 11.26-11.30.12
 Invoice Date: 12/13/2012
 Total: 570.00

Vendor: NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502
 Pay Terms: Pay Now ☒ Schedule Payments

Saved

Payment Information

Scheduled Payment: 1
 *Remit to: 0000099443 
 Location: 001 
 *Address: 1 
 NASH, GAYLE C
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502
 Gross Amount: 570.00 USD
 Discount: 0.00 USD ☐ Discount Denied
 Late Charge

Scheduled Due: 12/13/2012 
 Net Due: 12/13/2012
 Discount Due:
 Accounting Date:

Payment Method		Pay Group:	
*Bank:	WFB10		
*Account:	B	*Handling:	RE
*Method:	ACH	*Netting:	N 
Message:		Messages	

Message will appear on remittance advice.

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Nash 11.26-11.30.12
Voucher ID: 00318930 Invoice Date: 12/13/2012
Voucher Style: Regular Total: 570.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur) SBI Number:

Prepayment

Prepayment Reference:  ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000	Telephone:	505-690-1065
	Post of Duty:		Residence:	

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	001768-SG
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name:	Meeting with Staff in Santa Fe				
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	11/21/12	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	11/26/12	Time:	06:00 AM	Return Date: (month/day/yr)	11/30/12 Time: 07:00 PM
	☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:					

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

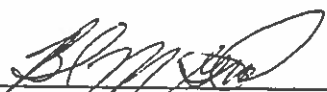
546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	4 @ \$135/day	\$ 540.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 570.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 570.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.


 Employee Signature _____ Date 12-4-2012

Supervisor/Bureau Chief Signature _____ Date _____

Division Director/Hospital Administrator
 (As per specific division requirements) _____ Date _____


 Cabinet Secretary Signature _____ Date 12/11/12
 (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)